

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 4									
1. Contract/Purch Order/Agreement No. DAAE20-96-D-0008			2. Delivery Order/Call No. 0750		3. Date Of Order/Call (YYYYMMDD) 2001JUN05		4. Requisition/Purch Request No. SEE SCHEDULE			5. Priority DOA5									
6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CFA-B RITA NELSON (309)782-4858 ROCK ISLAND IL 61299-7630 EMAIL: NELSONR@RIA.ARMY.MIL				Code W52H09		7. Administered By (If other than 6) DCMC CLEVELAND ADMIRAL KIDD CENTER 555 EAST 88TH STREET BRATENAH OH 44108-1068				Code S3603A									
9. Contractor • MILLER HOLZWARTH INC 450 WEST PERSHING ST SALEM OH 44460-0000 Name and Address • • TYPE BUSINESS: Other Small Business Performing in U.S.				Facility _____		10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE				11. X If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned									
						12. Discount Terms Net 30 Days													
14. Ship To SEE SCHEDULE				Code _____		15. Payment Will Be Made By DFAS-COLUMBUS CENTER DFAS-CO-JNF/NEW DOMINION P O BOX 182041 COLUMBUS OH 43218-2041				Code SC1018									
												Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">16. Type of Order</td> <td style="width: 10%; text-align: center; vertical-align: middle;">Delivery/Call</td> <td style="width: 5%; text-align: center; vertical-align: middle;"><input checked="" type="checkbox"/></td> <td rowspan="3" style="padding: 5px;"> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation _____, Dated _____ furnish the following on terms specified herein. Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same. </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Purchase</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> </tr> </table>												16. Type of Order	Delivery/Call	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation _____, Dated _____ furnish the following on terms specified herein. Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.	Purchase	<input type="checkbox"/>		
16. Type of Order	Delivery/Call	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation _____, Dated _____ furnish the following on terms specified herein. Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.																
	Purchase	<input type="checkbox"/>																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center;">_____ Name Of Contractor</td> <td style="width: 25%; text-align: center;">_____ Signature</td> <td style="width: 25%; text-align: center;">_____ Typed Name And Title</td> <td style="width: 25%; text-align: center;">_____ Date Signed (YYYYMMDD)</td> </tr> </table>				_____ Name Of Contractor	_____ Signature	_____ Typed Name And Title	_____ Date Signed (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____											
_____ Name Of Contractor	_____ Signature	_____ Typed Name And Title	_____ Date Signed (YYYYMMDD)																
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE																			
18. Item No.		19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			20. Quantity Ordered/ Accepted*		21. Unit		22. Unit Price		23. Amount								
		KIND OF CONTRACT: Supply Contracts and Priced Orders																	
<i>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i>					24. United States Of America By: MARY DONOVAN /SIGNED/ DONOVANM@RIA.ARMY.MIL (309)782-4895					25. Total \$479.94		29. Differences _____							
26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted _____ Date _____ Signature Of Authorized Govt Representative							27. Ship. No. <input type="checkbox"/> Partial <input type="checkbox"/> Final		28. D.O. Voucher No.		30. Initials _____		33. Amount Verified Correct For						
36. I certify this account is correct and proper for payment _____ Date _____ Signature And Title Of Certifying Officer							31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		34. Check Number		35. Bill Of Lading No.						
37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account Number		42. S/R Voucher No.									
DD Form 1155, Jan 1998												Previous edition may be used							

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-96-D-0008/0750 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: MILLER HOLZWARTH INC		

SUPPLEMENTAL INFORMATION

- 1. This action is the award of a quantity of 6 each M17 Periscopes, which is CLIN 0001AA, under Contract DAAE20-96-D-0008. The delivery order assigned to this action is 0750.
- 2. Deliveries are to be F.O.B. Origin, CONUS Packaging. The "Ship to" address is reflected in Section B of the award.
- 3. Delivery schedules are reflected in Section B of the award. Delivery of Periscopes (any type) shall be at a minimum rate of 3000 per month.

*** END OF NARRATIVE A 001 ***

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS				
	<u>Supplies or Services and Prices/Costs</u>				
0001AA	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/QV</u>	6	EA	\$ 79.99000	\$ 479.94
	NSN: 6650-00-704-3549 NOUN: PERISCOPE M17 FSCM: 19200 PART NR: 7043549 SECURITY CLASS: Unclassified PRON: M1192467M1 PRON AMD: 01 ACRN: AA AMS CD: 070011				
	<u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: ASTM D 3951 REVISION 90 UNIT PACK: 1 INTERMEDIATE PACK: 1 LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial				
	<u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin				
	<u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W90KYA11523000 W90KYA J 3 <u>DEL REL CD QUANTITY DEL DATE</u> 001 6 06-JUL-2001				
	FOB POINT: Origin				
	SHIP TO: <u>PARCEL POST ADDRESS</u> (W90KYA) XRPCO A 1ST BN 128TH INF MATES 242 EAST G STREET FORT MC COY SPARTA WI 54656-5225				
	<u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-96-D-0008/0750				

Name of Offeror or Contractor: MILLER HOLZWARTH INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB		
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				ORDER	ACCOUNTING	OBLIGATED
								NUMBER	STATION	AMOUNT
0001AA	M1192467M1	AA	2	97 X4930AC6G 6D	26FB	S11116			W52H09	\$ 479.94
	070011									
									TOTAL	\$ 479.94

SERVICE								ACCOUNTING		OBLIGATED
NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION						STATION		AMOUNT
Army	AA	97 X4930AC6G 6D	26FB	S11116				W52H09	\$	479.94
								TOTAL	\$	479.94